(b) if so, whether PM has now effected surgery to change structure of healthcare delivery;

(c) if so, whether National Rural Health Mission was launched in April and it will focus on district based planning in 18 States;

(d) if so, whether architectural correction will be followed by increase in health spending in next five years;

(e) if so, the details thereof and in how many States they are not implementing; and

(f) whether health mission is aimed at strengthening referral hospital care for every one lakh persons, as per new standards?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The UPA Government under Common Minimum Programme is committed to increase the public expenditure on health from the level of 0.9% to 2-3% of GDP over the next 5 years. Keeping this in view, a National Rural Health Mission (NRHM) has been launched on 12.4.2005 by Hon'ble Prime Minister for the entire country to provide comprehensive integrated healthcare facilities especially the vulnerable sections of the society, women and children. The district level planning is one of the key strategies under the Mission.

(d) and (e) During 2005-06 the Government has increased the budget outlay on Health by 30% as compared to 2004-05. While NRHM is being implemented in all the States, some of its strategies are confined to selected high focus States.

(f) One of the strategies under the Mission is to upgrade the Community Health Centre (CHC) which is the referral unit for a populatbn for 1,20,000 to the Indian Public Health Standards (IPHS).

Spurious drugs for diabetes and tuberculosis

2148. SHRI VAYALAR RAVI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that many drugs including life saving drugs are spurious and of low quality being produced by certain drug manufacturing companies;

(b) whether the drugs for diabetes and tuberculosis are of different brands and spurious, produced by certain fake companies; and

(c) if so, what steps Government propose to check this adulteration of drugs which harm the human life?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI); (a) Quality of drugs in the country is minitored by the respective State Drugs Controlling Authorities by way of random sampling of drug products from markets as well as other distribution points. The collected samples are analyzed by the Government Analyst at various Central and State Drugs Testing Laboratories. As per the information available from the State Drugs Control Departments, the following are the results arising from such samples:

Year	No >. of sample tested	No. of Drugs declared not of standard quality	No. of drugs declared Spurious
2001-2002 2002-	38,824	3458	96
2003 2003-2004	43,138	3724	129
	40,862	3499	118

(b) and (c) There is no specific information that the drugs for diabetics and tuberculosis of different brands are spurious and produced by certain fake companies. However, keeping in view the serious implications of spurious drugs on public health as well as the loss to genuine industry, the Government has taken various measures to combat this menace.

(i) Detailed guidelines have been issued to the State Governments to undertake focused surveillance over possible movement of spurious drugs.

(ii) In respect of drugs procured under national programmes like RNTCP all drugs are tested before being released to public health facilities for administration under the programme.

(iii) A Capacity Building Project through World Bank assistance has been taken up to provide substantial assistance to State Governments to upgrade drug testing facilities or to establish new drug testing laboratories.

It is expected to increase the number of samples tested .in the country from about 36,000 samples to 1,00,000 samples per year and to reduce the reporting time to less than a month as against the present period from 3 to 6 months.

(iv) Specific training programme for regulatory officials of State Governments on logistics of intelligence work, prosecutions etc. has been conducted with the assistance of FDA, Maharashtra. This activity is proposed to be continued.

(v) In order to ensure efficient information exchange between drug regulatory officers in the country, in respect of licensing, sampling, prosecution, etc., a countrywide computer networking project has been undertaken by the Central Government. This will enable the Central Government to regularly monitor the enforcement activities and recommend corrective measures.

(vi) Pharma industry and trade has been motivated to fight menace of spurious drugs as a shared responsibility. No. of cases could be successfully detected through the initiative taken by Pharma industry involving hiring of retired intelligence officers.

(vii) The recommendation of Mashelkar Committee which was constituted by the Government in 2003, to examine all aspects relating to the drug regulatory system in the country including the problem of spurious/sub standard drugs, are being followed for necessary change in legislation as welt as improvement of enforcement activities.

(viii) The Drugs and Cosmetics (Amendment) Bill, 2005, was introduced in the Parliament in May 2005 to amend the said Act to provide stricter penalties to the offenders including a maximum penalty of life imprisonment with a fine of Rs. 100,000/-. It was further proposed to make the offence non-biasljable, cognizable and to provide for designated courts for speedy trial of the cases.

The proposed amendments will make the law deterrent to the offenders involved in the manufacture or sale of spurious drugs. The involvement of enforcing agencies like Police will help in speedy investigation to book the culprits and in controlling anti-social elements in such activities.